

Name  
in  
Full

No 60

## CERTIFICATE OF DEATH

Margaret Elizabeth Albaugh

Town

County

MARYLAND

Died at Westminster

Carroll

Date

Month

Day

Age

Years

Months

Days

of death 1906 Sept

4

—

6

24

Sex

Female

Color or  
Race

white

Birth-  
place

Maryland

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Grafton J Albaugh

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Winnie Stuller

Mother's  
Birthplace

H

Name of person giving  
Information

Grafton J Albaugh

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Enterocolitis

How long

6 days

Immediate

Convulsions

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

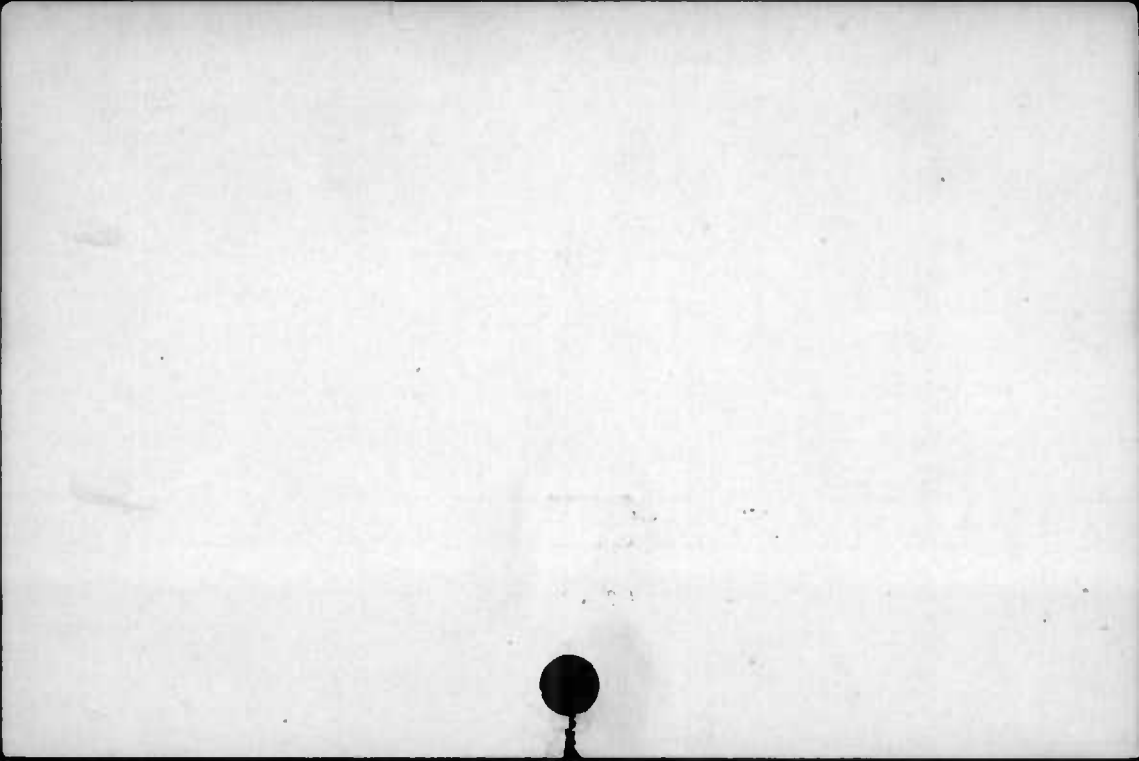
Signature of  
Physician

Address

Chas R. Fultz  
Westminster  
Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

Name *Henry Berwager*  
 Town *Manchester* Dish. County *Carroll* MARYLAND

Died at *Manchester* Dish. *Carroll* MARYLAND  
 Date *1906* *Sept 22* Month Day Y. M. D. Age *50.5* Native of *U.S.* Occupation *Farmer*  
 Male White Married ~~Widow~~ Divorced  
 Female Colored Single Widower Number of children living *4*

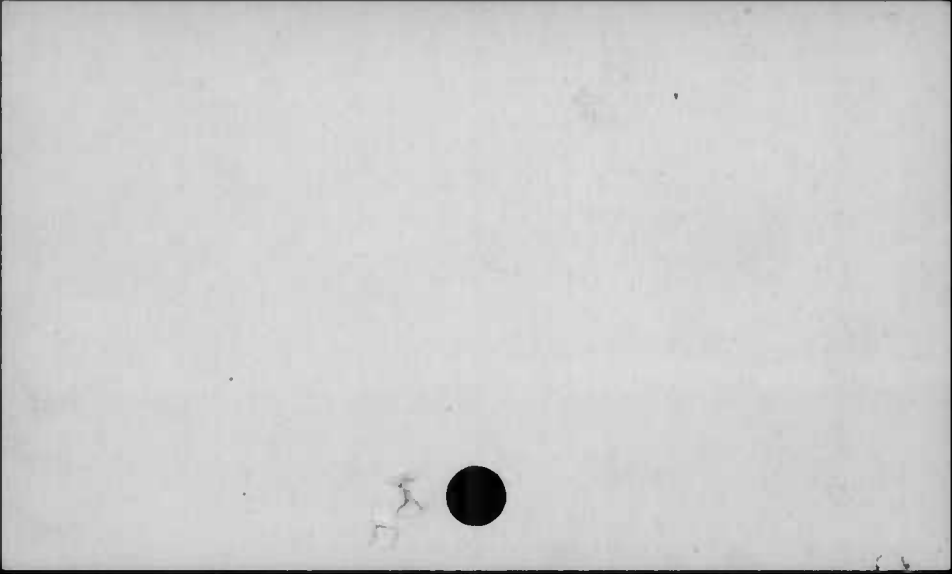
Husband of *Emma Berwager*  
 Wife of *Emma Berwager*  
 Father's Name *Godfrey Berwager* Mother's Name *Christina Berwager*

Cause of Death { Primary *Obstruction of bile ducts* How long sick *18 months*  
 Immediate *Cirrhosis of liver* Accident, Suicide, Homicide

Reported by *A. B. Weaver, M.D.*  
 Address *Manchester, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 79708




Name  
in  
Full70  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Westminster</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u> <small>Month</small> <u>Sept</u> <small>Day</small> <u>23</u>		Age <u>78</u> <small>Years</small>		<u>3</u> <small>Months</small>	<u>5</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>white</u>	Birthplace <u>Germany</u>			
Occupation <u>Stone Mason</u>		Where Residing if not at place of death _____			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Elizabeth Haire</u>				
Father's Name <u>John Biker</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Don't Know</u>	Mother's Birthplace _____				
Name of person giving information <u>Elizabeth Biker</u>		How related to deceased <u>Wife</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Paralysis</u>	How long <u>60</u> <u>8</u> <u>days</u>
Immediate <u>Heart Failure</u>	How long _____
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Thos. J. Boonan M.D.</u>
	Address <u>Westminster</u>
	Accident or Suicide? _____

Green Park

Name

In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lydia Birtzer</i> <i>Linksburg</i>		Town <i>Linksburg</i>		County <i>Cornwall</i>		MARYLAND	
Date of death 190	<i>4</i>	Month <i>9</i>	Day <i>30</i>	Age <i>76</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth- place <i>Ireland</i>				
<del>Married, Single</del> or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation <i>Mrs Jennie Huston</i>				How related to deceased <i>daughter</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Softening of Brain</i>	How long <i>1 year</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Joel Harrison</i>
	Address <i>Linksburg</i>
Accident or Suicide?	





Name  
In  
Full

Emma Kate Bond.

CERTIFICATE OF DEATH

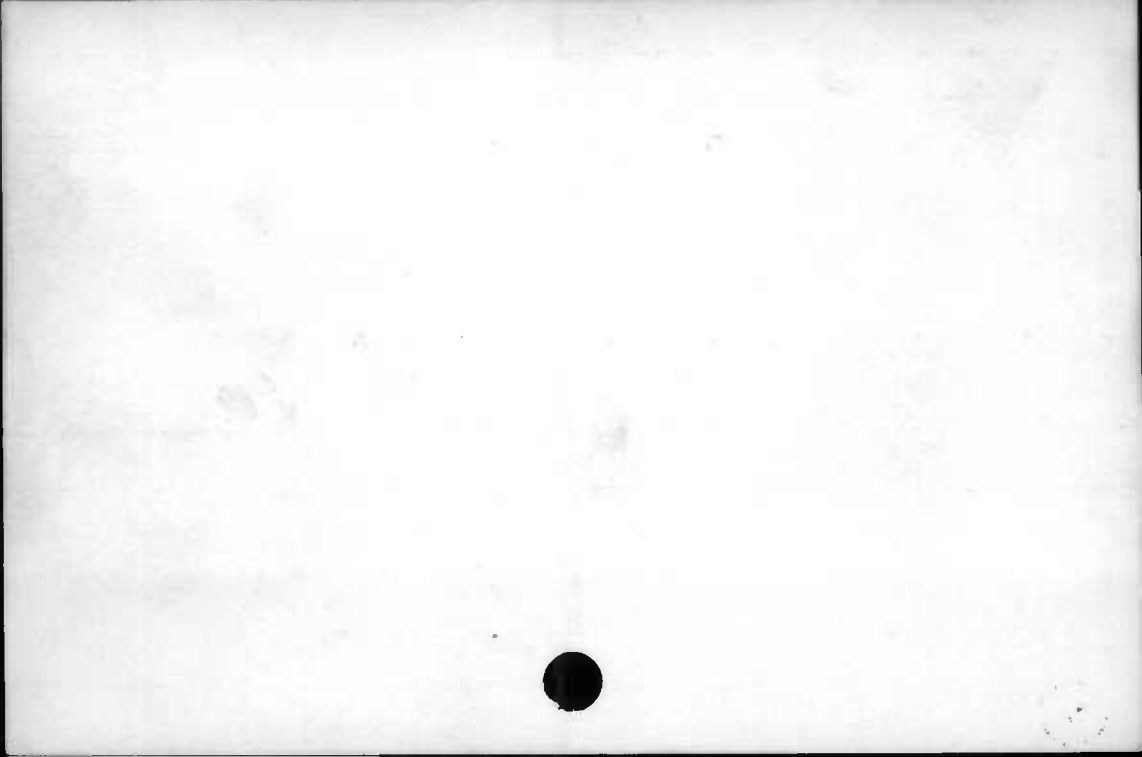
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Sykesville		County Carroll Co.		Springfield State Hosp. MARYLAND	
Date of death		1906	Month Sept.	Day 19 <sup>th</sup>	Age 50	Years	Months —
Sex Female		Color or Race White		Birth-place Maryland			
Occupation None				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name —				Father's Birthplace —			
Mother's Maiden Name —				Mother's Birthplace —			
Name of person giving information —				How related to deceased —			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Melancholia	How long	18 mos.
Immediate	Insanition from Chronic Colitis	How long	3 mos.
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		John W. Morris	
Address		Sykesville Springfield State Hosp. Md.	
Accident or Suicide?			



Name  
In Full

Infant Burkh

No 31

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Reese</u> Town		County <u>Carroll</u>		MARYLAND	
Date of death	1906	Month	Sept	Day	26
Age	Years		Months		Days
Sex	Male		Color or Race	White	
Occupation			Birth-place	Maryland	
Married, Single or Widowed			Where Residing if not at place of death		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Pre-mature</u>	How long	<u>6 1/2 months</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			

Pleasant Grove  
Sandyville

Name in Full

Certificate of Death

148

Joseph Lawrence Clark

Town

County

Died at

Union Bridge Carroll

MARYLAND

1906

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

9

30

Age

18

MD

Teacher

Male

~~White~~

Married

~~Widow~~

Divorced

~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Michael Clark

Mother's

Name

Caroline Loop

Cause of

Primary

Meningitis

How long sick

4 days

Death

Immediate

Thrombosis

Accident, Suicide, Homicide

Reported by

H. Herbert Brown

Address

Union Bridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

Not Joy.

Name  
in  
Full

Jeremiah Cross

no 68  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Westminster<sup>County</sup> CarrollDate  
of death 1906Month  
SeptDay  
19

Age

Years  
34Months  
9Days  
3

Sex Male

Color or  
Race

Colored

Birth-  
place

Carroll Co., Md

Occupation

Laborer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
Husband

—

Father's  
Name

Blair

Father's  
Birthplace

—

Mother's  
Maiden NameMother's  
BirthplaceName of person giving  
information

Luther Cross

How related  
to deceased

Brother

## CAUSES OF DEATH

Primary

Tuberculosis

How long

6 mo

Immediate

Exhaustion

How long

1 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Chas. R. Foutz, M.D.

Westminster

Md

Accident or Suicide?

PHYSICIAN  
OR CORONER

Western chapel cemetery  
Stones,



Name

in  
Full

Sarah Anne Dashiell

## CERTIFICATE OF DEATH

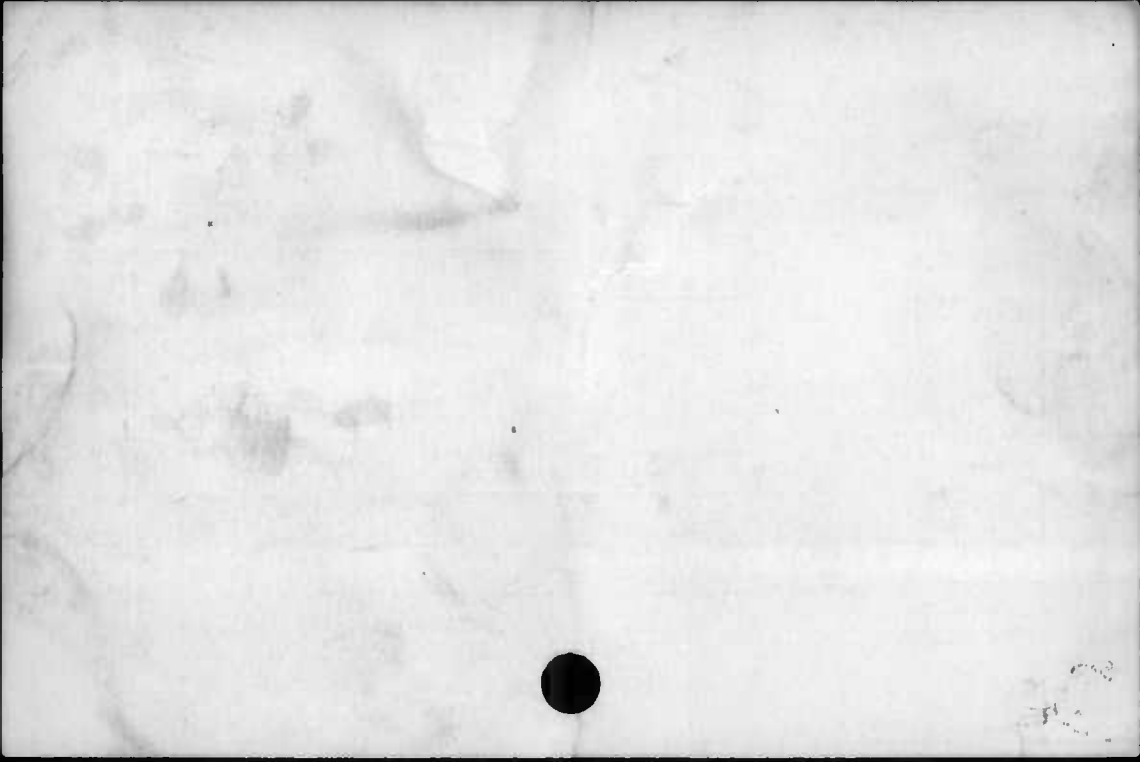
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Eggsville</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>9</i> <small>Month</small>	<i>30</i> <small>Day</small>	Age <i>83</i> <small>Years</small>	<i>1</i> <small>Months</small>	<i>1</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>md</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>?</i>			Mother's Birthplace <i>?</i>		
Name of person giving information <i>?</i>			How related to deceased <i>?</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senile Dementia</i>	How long <i>over 2 yrs.</i>
Immediate <i>Colitis</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Norfolk Morris M.D.</i>
	Address <i>Springfield Hospital Eggsville Carroll Co. Md</i>
Accident or Suicide? <i>-</i>	



Name in Full

Certificate of Death

Hannah E Eckard

Town

County

Died at

Union Bridge Carroll

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1906 Sept. 29

Age

24

Med

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband  
of  
WifeFather's  
Name

Jas Eckard

Mother's  
Name

Nettie B Eckard

Cause of

Primary

Failure heart to close

How long sick

since born

Death

Immediate

Accident, Suicide, Homicide

Reported by

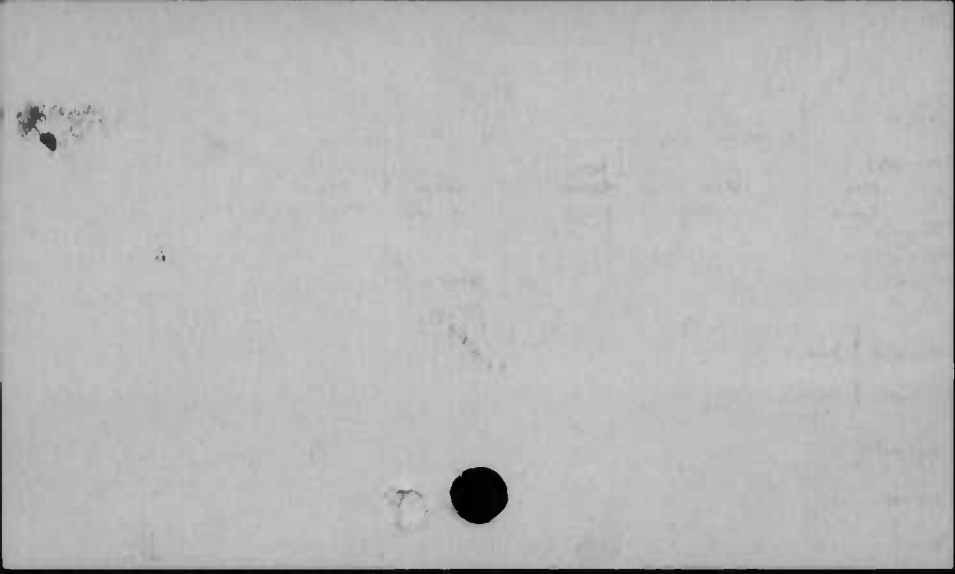
Hs D E. Diff

Address

Union Bridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



TO BE ANSWERED BY  
NEAREST FRIEND

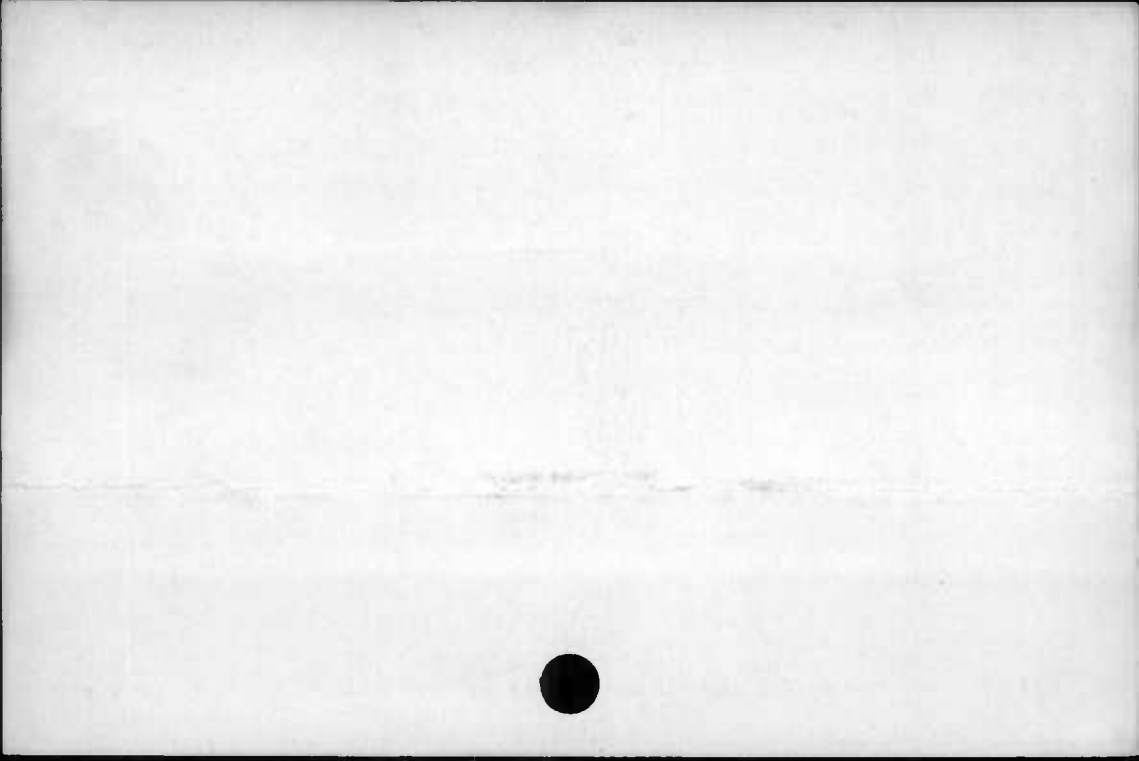
PHYSICIAN  
OR CORONER

1

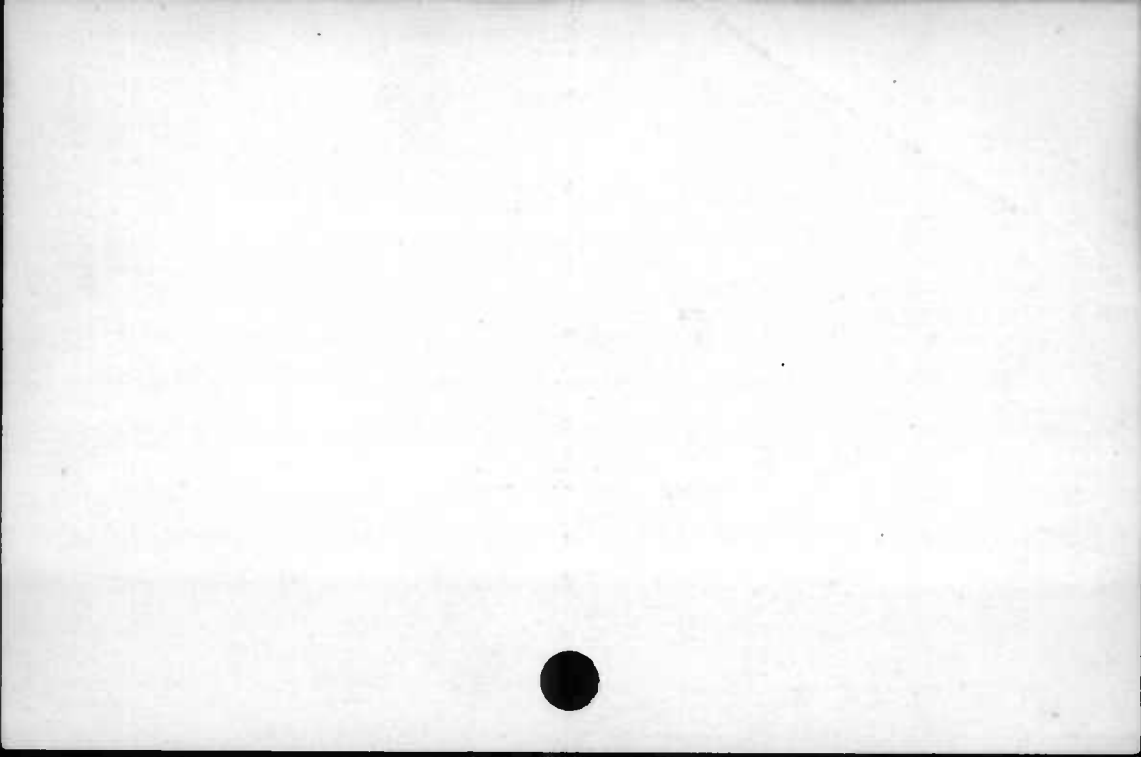
Name In Full <i>Joseph Euglar</i>		Town <i>Linwood</i>		County <i>Carroll</i>		CERTIFICATE OF DEATH	
Died at <i>Linwood</i>		MAYLAND					
Date of death <i>1906</i>	Month <i>Sept</i>	Day <i>9th</i>	Age <i>19</i>	Years <i>2</i>	Months <i>2</i>	Days <i>19</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Linwood Md</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>John Addison Euglar</i>			Father's Birthplace <i>Linwood Md</i>				
Mother's Maiden Name <i>Alma Florence Myers</i>			Mother's Birthplace <i>New Windsor</i>				
Name of person giving In formation <i>John A. Euglar</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

Primary <i>Mal Nutrition</i>	How long <i>2 months</i>
Immediate <i>Exhaustion -</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Gen H. Brown</i>
	Address <i>New Windsor</i> <i>Carroll Co. Maryland</i>
Accident or Suicide?	



Name in Full		Other Fleming				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Date of death		Month	Day	Years	Months	Days
	1906		Sept.	30	85	4	22
	Sex		Color or Race		Birthplace		
	male		White American		Carroll Co		
	Occupation		Where Residing if not at place of death				
	Retired Farmer						
Married, Single or Widowed		Name of Wife or Husband					
		Elizabeth Davis					
Father's Name		John Fleming				Father's Birthplace	
Mother's Maiden Name		Nancy Mottsworth				Mother's Birthplace	
Name of person giving information		Amanda Fleming				How related to deceased	
						Daughter	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis			How long	
						2 yrs	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		H. E. Lane
				Address		not living	
Accident or Suicide?							





Name in Full		Ester T. Fishburne				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Union Mills	County		Curran	
		Date of death		1906	Month	Sept	Day	7
		Age		Years		Months	Days	
		Sex		Female	Color or Race		White	Birth-place
		Occupation		Where Residing if not at place of death		Md		
		Married, Single or Widowed		Name of Wife or Husband		Md		
		Father's Name		William Fishburne		Father's Birthplace		Md
Mother's Maiden Name		Sarah Fishburne		Mother's Birthplace		Md		
Name of person giving information		William Fishburne		How related to deceased		Father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		(151)		How long		
		Immediate		Premature Birth		How long		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		How long		
		Address		Curran		Two Days		
Accident or Suicide?				Signature of Physician		Curran		



Name  
in  
Full

## CERTIFICATE OF DEATH

Lillian B. Freshman

Town

County

MARYLAND

Died at

Union Mills

Baltimore

Date

of death 1906

Month

Sept

Day

6th

Age

-Years

-Months

-Days

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

William Freshman

Father's  
Birthplace

Md

Mother's  
Maiden Name

Sarah Wilson

Mother's  
BirthplaceName of person giving  
Information

Wm Freshman

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

How long

Immediate

Premature Birth

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

John J. Stewart  
Union Mills  
Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

*Sarah Gact.*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Taneytown</i> <sup>Town</sup>		<i>Leanoll</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Sept</i>	Day <i>28</i>	Years <i>82</i>	Months <i>6</i> Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Samuel Gact</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Mary A Crockett</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Bessie Birnie</i>		How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Senile debility</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Birnie MD</i>
		Address <i>Taneytown Ind</i>
Accident or Suicide?		

March 3 1882

Dear Mr. [illegible]

I have just received your letter of the 2nd inst.

and am glad to hear that you are well.

I am writing you a few lines to let you know

that I have received your letter of the 2nd inst.

I am writing you a few lines to let you know

I am writing you a few lines to let you know

I am writing you a few lines to let you know

Name in Full		73 CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Pataasco</u> <small>Town</small>		County <u>Carroll</u>	
		Date of death <u>1906</u> <small>Month</small> <u>Sept</u> <small>Day</small> <u>27</u>		Age <u>40</u> <small>Years</small> <u>11</u> <small>Months</small> <u>9</u> <small>Days</small>	
		Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>	
		Occupation		Where Residing if not at place of death	
		Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Editha Gartside</u>	
Father's Name <u>Joseph Shipley</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Mary G. Hanson</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>Lillian Sanderson</u>		How related to deceased <u>Sister</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Typhoid Fever</u>		How long <u>12 days</u>	
		Immediate <u>Miscarriage</u>		How long	
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Jos. H. Wilson</u>	
		Address <u>Rowlesburg Ind.</u>			
Accident or Suicide? <u>No</u>					





Name  
in  
Full

Annie Barbara Green

No. 72

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Reese</i>		Town		County <i>Canoll</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Sept</i>	Day <i>28</i>	Age <i>53</i>	Years	Months <i>2</i>	Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>David Green</i>					
Father's Name <i>Henry Dreschler</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Annie B. Burk</i>		Mother's Birthplace <i>do</i>					
Name of person giving information <i>David Green</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Ovarian Tumor</i>	How long <i>4 or 5 years</i>
Immediate <i>Dropsy &amp; Heart Failure</i>	How long <i>one year or more</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jas. H. Billingslea M.D.</i>
	Address <i>Westminster Md.</i>
Accident or Suicide? <i>No -</i>	

Benson  
William  
Benson

Name  
in  
Full

Sarah Virginia Hamm

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Melrose		County Carroll		MARYLAND	
Date of death		Month 1906 Sept	Day 6	Age 26	Years 1	Months 22	Days
Sex Female		Color or Race White		Birth-place Melrose			
Occupation House Wife				Where Residing If not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Thomas C Hamm					
Father's Name Joseph H James		Father's Birthplace Baltimore				Mother's Birthplace York, Pa	
Mother's Maiden Name Lorina Hoff		How related to deceased Husband				Name of person giving information Thomas C Hamm	

## CAUSES OF DEATH

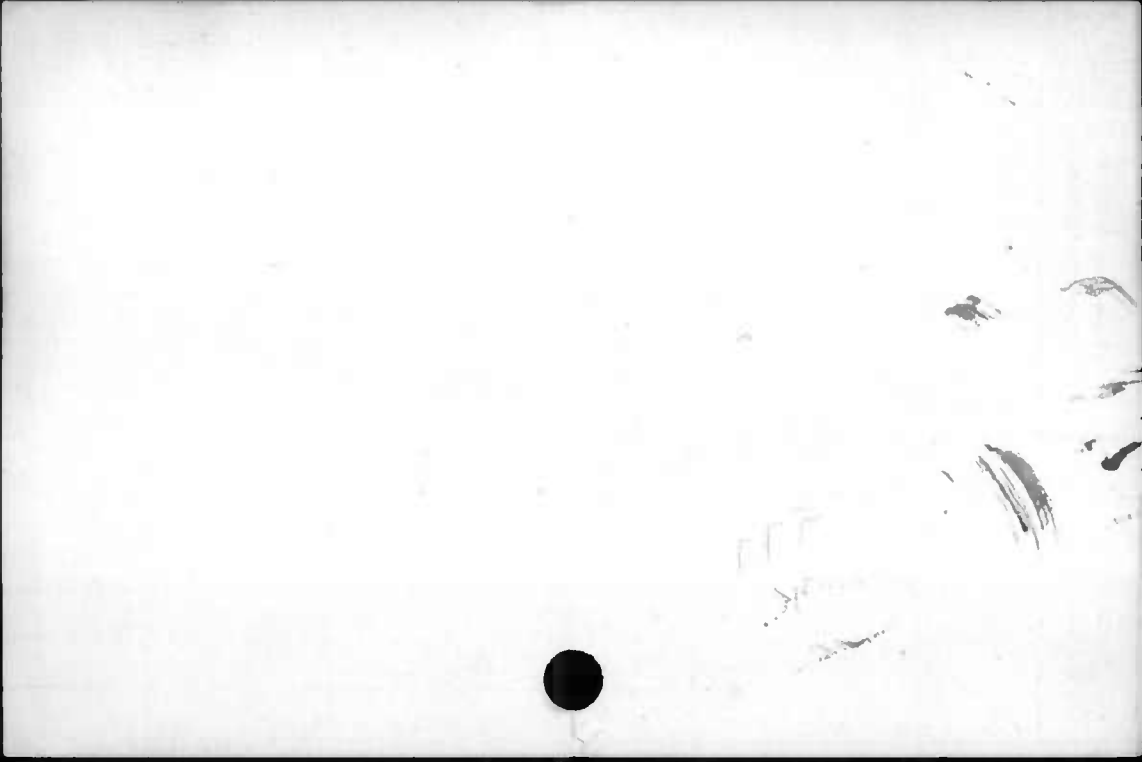
PHYSICIAN  
OR CORONER

Primary	Tuberculosis of Kidney		How long	3 years
Immediate	" of Mereffery & bowels		How long	3 mos
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		John S Ziegler M.D.		
Address		Melrose, Md.		
Accident or Suicide?				



Name in Full <b>Larnia Hollenbaugh</b>		CERTIFICATE OF DEATH	
Town <b>New Windsor</b>		County <b>Carroll</b>	
Died at <b>new Windsor, Carroll</b>		MARYLAND	
Date of death <b>1906</b>	Month <b>Sept</b>	Day <b>27</b>	Age <b>6</b>
Sex <b>Girl</b>	Color or Race <b>White</b>	Birth-place <b>Union Bridge, Md.</b>	Months <b>6</b>
Occupation <b>Blacksmith</b>	Where Residing if not at place of death <b>New Windsor</b>		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <b>Nathan Hollenbaugh</b>	Father's Birthplace <b>Maryland</b>		
Mother's Maiden Name <b>Lillian Hollenbaugh</b>	Mother's Birthplace <b>Maryland</b>		
Name of person giving information <b>Father</b>	How related to deceased		

CAUSES OF DEATH	
Primary <b>Marasmus</b>	How long <b>4 Weeks</b>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician
	Address <b>Dr Ira E Whitehill</b>
	<b>New Windsor Md.</b>
Accident or Suicide?	



Name  
in  
Full

Maria White Hooper

## CERTIFICATE OF DEATH

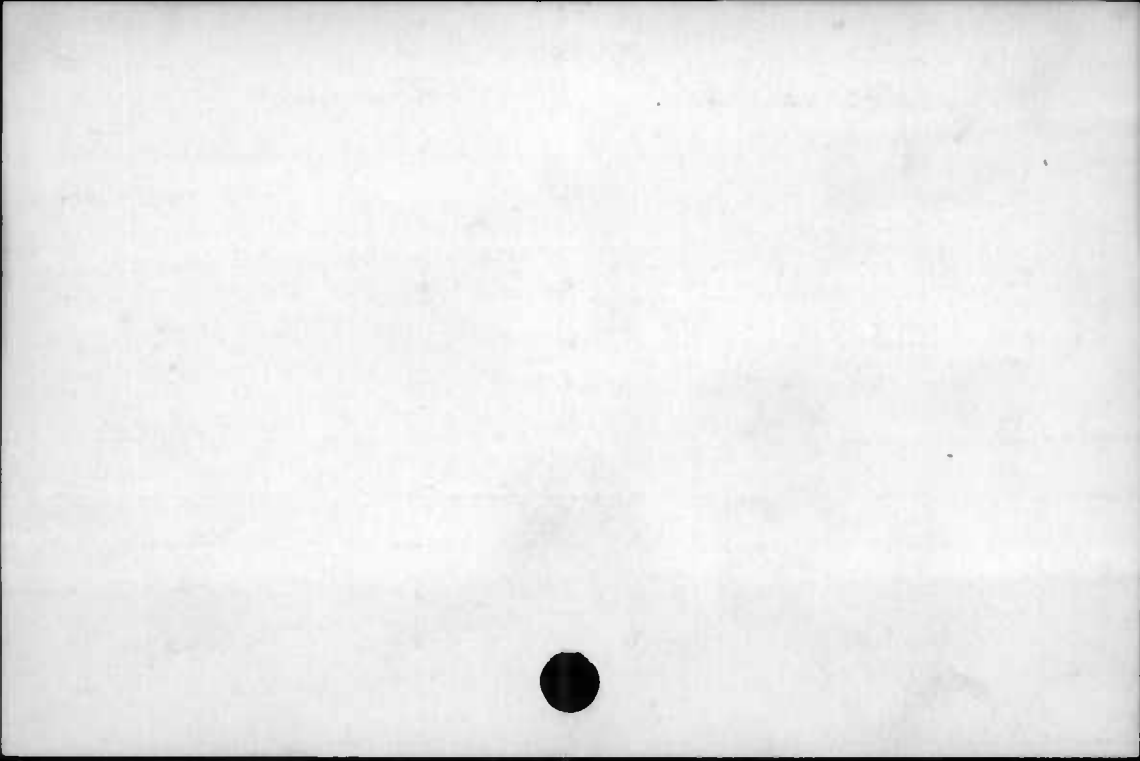
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lykesville</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	<i>Sept.</i> <sup>Month</sup>	<i>22<sup>nd</sup></i> <sup>Day</sup>	Age <i>71</i> <sup>Years</sup>	<i></i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>Thomas C. White</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Henrietta C. Martin</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Minnie C. Hooper</i>	How related to deceased <i>Daughter</i>		<i>-</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Serulity-</i>	<i>64</i>	How long <i>about one year</i>
Immediate <i>Apoplexy</i>		How long <i>sudden death-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>John Norfolk Morrie M.D.</i>	
<i>J</i>	Address <i>Springfield Hospital</i>	
	<i>Lykesville, Carroll Co. Md.</i>	
Accident or Suicide? <i>-</i>		





Name  
in  
FullWilliam Horner  
Town

no 66

## CERTIFICATE OF DEATH

Died at Westminster

County Carroll

MARYLAND

Date of death 1906 Sept

Day 19

Age 46

Months 3

Days 20

Sex Male

Color or Race

white

Birthplace

Maryland

Occupation

Cigar Maker

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Mary S Miller

Father's Name

Charles H Horner

Father's Birthplace

Md

Mother's Maiden Name

Mary Catharine Paine

Mother's Birthplace

11

Name of person giving information

Mary S Horner

How related to deceased

Wife

## CAUSES OF DEATH

Primary

Consumption

How long

5 years

Immediate

Heart Failure

How long

2 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. J. Boone M.D.

Westminster

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

John Jones

## CERTIFICATE OF DEATH

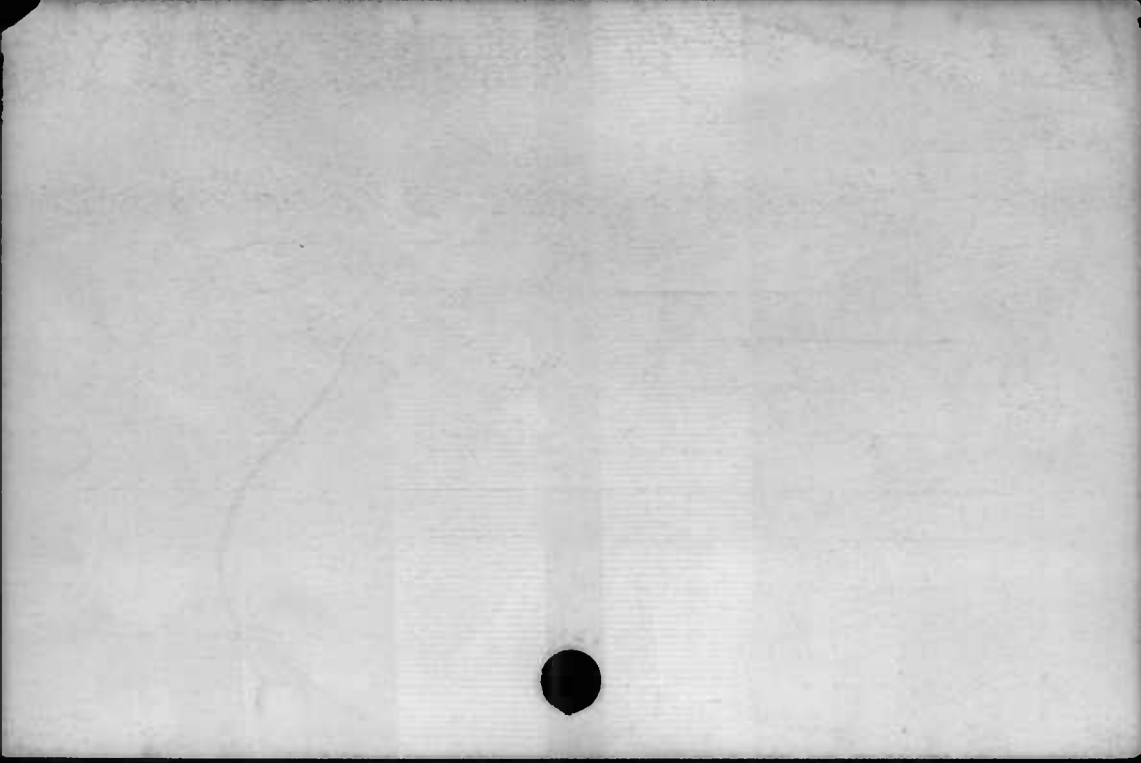
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Springfield</i>		County <i>Summerville</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>September</i>	Day <i>20<sup>th</sup></i>	Years <i>Age 29</i>	Months <i>3</i>	Days <i>4</i>	
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Springfield</i>
Occupation	<i>Bank Clerk</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Daniel Jones</i>					Father's Birthplace	<i>Springfield</i>
Mother's Maiden Name	<i>Mary Dickson</i>					Mother's Birthplace	<i>Ashbury</i>
Name of person giving information	<i>Robert Staines</i>					How related to deceased	<i>Cousin</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Gunshot wound in abdomen</i>		How long	<i>One week</i>
Immediate	<i>General Peritonitis</i>		How long	<i>Three days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>Frank Burden</i>
			Address	<i>848 N. Lombard St.</i>
Accident or Suicide?		<i>Accident</i>	<i>Baltimore Md.</i>	



Name  
in  
Full

William Kerr

## CERTIFICATE OF DEATH

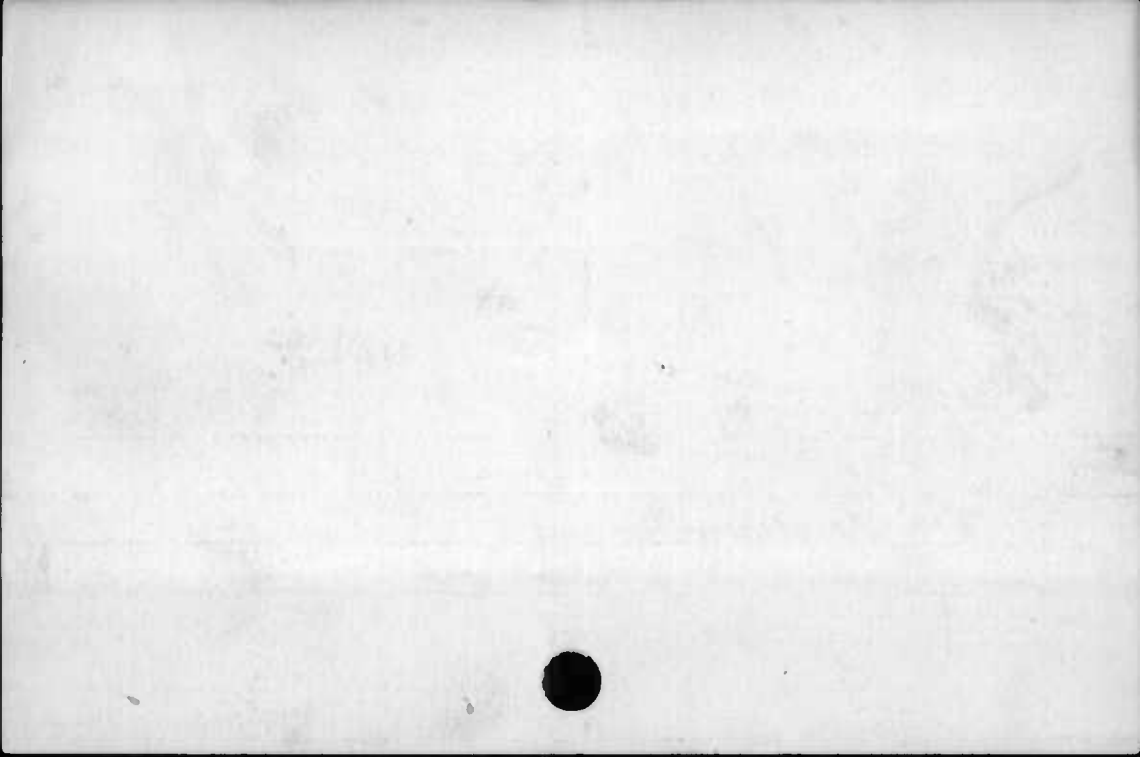
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Springfield Hospital</i>		County <i>Carroll</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Sept</i>	Day <i>18</i>	Age <i>76</i>	Months Days
Sex <i>M</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband			
Father's Name <i>James Kerr</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Jane</i>			Mother's Birthplace <i>Scotland</i>		
Name of person giving information <i>Hospital records</i>			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Senile dementia</i>	How long <i>5</i>
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Chas J. Carey</i>
		Address <i>Lytleville Md.</i>
Accident or Suicide?		



Name  
in  
Full

Annie C. Kitzmillor

## CERTIFICATE OF DEATH

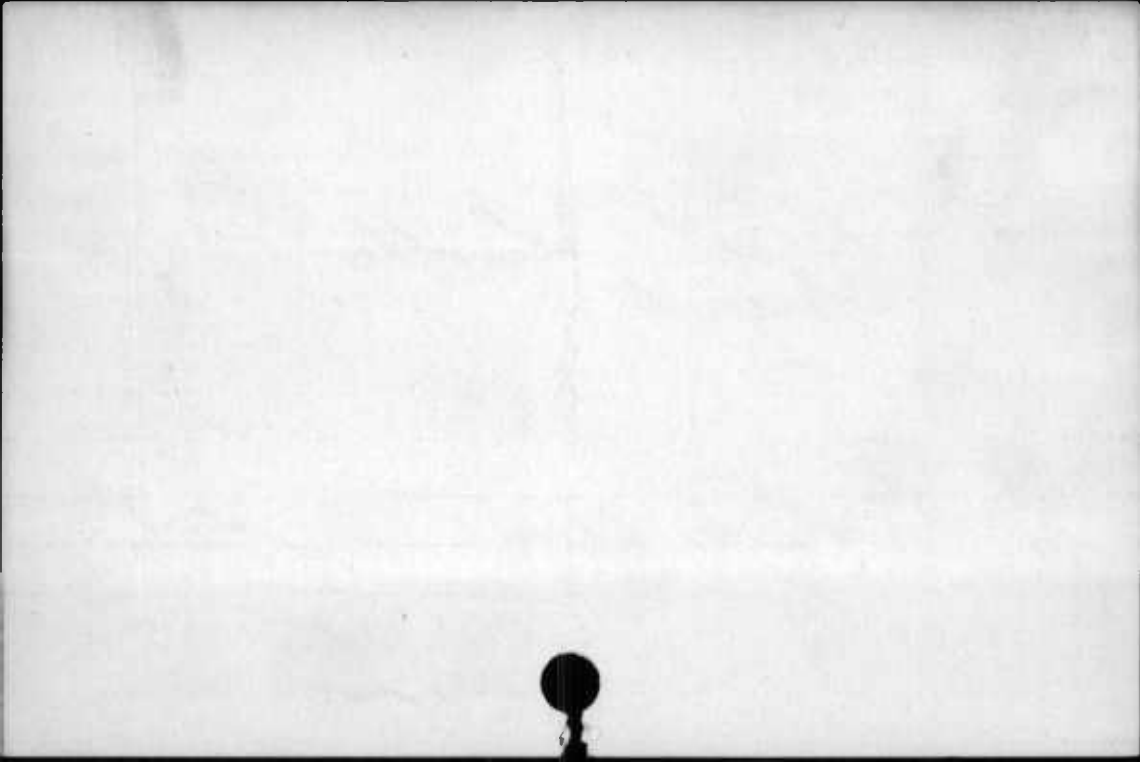
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Lykesville</u> <sup>Town</sup>		<u>Carroll</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1906</u> <sup>Month</sup>	<u>Sept.</u> <sup>Day</sup>	<u>15<sup>th</sup></u> <sup>Years</sup>	Age <u>69</u>	Months <u>  </u> Days <u>  </u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Md.</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death <u>  </u>		
Married, Single or Widowed <u>Married</u>	Name of <del>Wife or</del> Husband <u>H. J. Kitzmillor</u>				
Father's Name <u>—</u>	<u>Franklin</u>		Father's Birthplace	<u>Md.</u>	
Mother's Maiden Name <u>—</u>	<u>—</u>		Mother's Birthplace	<u>Md.</u>	
Name of person giving information <u>H. J. Kitzmillor</u>			How related to deceased <u>Husband</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Senile Dementia</u>	(64)	How long <u>4 yrs.</u>
Immediate <u>Cerebral Congestion.</u>		How long <u>about 5 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>John Norfolk Morris M.D.</u>
		Address <u>Springfield State Hosp.</u>
Accident or Suicide? <u>—</u>		<u>Lykesville, Carroll Co., Md.</u>





Name in Full

Certificate of Death

Died at

Date 1906

Male

~~Female~~Husband  
of  
WifeFather's  
Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Widower

Number of children living

Mother's

Name

How long sick

Accident, Suicide, Homicide

LIBRARY BUREAU, 189668

Father's birth-place -  
Hampstead, Mass.

Mother's birth-place -  
Bickleyville, Mass.


Name in Full **Flora Ida Koontz** No 63  
 CERTIFICATE OF DEATH

TO BE ANSWERED BY  
 NEAREST FRIEND

Died at <b>Pleasant Valley</b> Town		<b>Carroll</b> County		MARYLAND	
Date of death	<b>1906</b>	Month <b>Sept</b>	Day <b>11</b>	Age	Years <b>1</b> Months <b>11</b> Days <b>11</b>
Sex <b>Female</b>	Color or Race <b>white</b>		Birth-place <b>Carroll Co Md</b>		
Occupation <b>—</b>			Where Residing if not at place of death <b>—</b>		
Married, Single or Widowed <b>—</b>			Name of Wife or Husband <b>—</b>		
Father's Name <b>Jeremiah Koontz</b>			Father's Birthplace <b>Carroll Co Md</b>		
Mother's Maiden Name <b>Flora Wautz</b>			Mother's Birthplace <b>" " "</b>		
Name of person giving information <b>Jeremiah Koontz</b>			How related to deceased <b>Father</b>		

CAUSES OF DEATH

PHYSICIAN  
 OR CORONER

Primary	How long
Immediate <b>Whooping cough</b>	How long <b>6 days</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>C. M. Brown M.D.</b>
	Address <b>Pleasant Valley Carroll Co Md</b>
Accident or Suicide? <b>—</b>	

Pleasant Valley Cemetery

Stones.

Name  
in  
Full

Harry Simon

No 75  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	1906	Month	<i>Sept</i>	Day	30
Age		Years		Months	3
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Ireland</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Widower</i>		Name of Wife or Husband		
Father's Name	<i>Don't know</i>			Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	<i>Milton Humbert</i>			How related to deceased	<i>Friend</i>

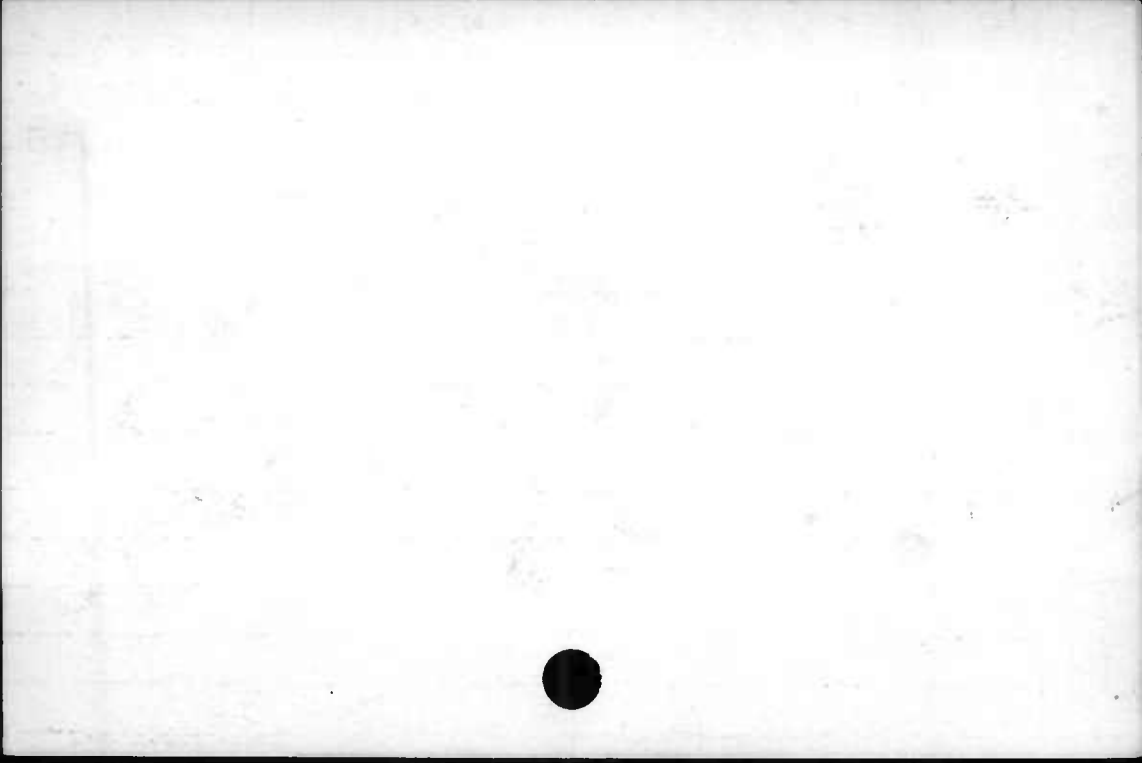
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Old age</i>	How long	<i>3 months</i>
Immediate	<i>Heart.</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John S. Neathrip</i>		
	Address <i>Westminster Md.</i>		
Accident or Suicide?			

Johnston Co.

Name in Full <b>Maurice E. Miller</b>		CERTIFICATE OF DEATH	
Died at <b>Silver Run</b> <small>Town</small>		<b>Carroll</b> <small>County</small>	
Date of death <b>1906</b> <small>Month</small> <b>Sept.</b> <small>Day</small> <b>9</b>		Age <small>Years</small> <b>3</b> <small>Months</small> <b>19</b> <small>Days</small>	
Sex <b>Male</b>		Color or Race <b>White</b>	
Occupation <b>X</b>		Birth-place <b>Ind</b>	
Where Residing If not at place of death <b>X</b>			
Married, Single or Widowed		Name of Wife or Husband	
Father's Name <b>J. Wesley Miller</b>		Father's Birthplace <b>Ind</b>	
Mother's Maiden Name <b>Berta Hildebrande</b>		Mother's Birthplace <b>Ind</b>	
Name of person giving information <b>J. Wesley Miller</b>		How related to deceased <b>Father</b>	
CAUSES OF DEATH			
Primary		How long <b>(14)</b>	
Immediate <b>Dysentery</b>		How long <b>4 weeks</b>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>E. M. Raubenstein</b>	
		Address <b>Raubenstein</b>	
Accident or Suicide?		<b>Ind</b>	





Name  
in  
Full

Vernon Sterling Myers

No 67  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIENDDied at *Washington* TownCounty *Carroll*

MARYLAND

Date  
of death 1906Month  
*Sept*Day  
*19*

Age

Years

Months  
*6*Days  
*26*Sex *Male*Color or  
Race*Colored*Birth-  
place*MD*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Jesse Myers*Father's  
Birthplace*Carroll Co. Md*Mother's  
Maiden Name*Annie Charms*Mother's  
Birthplace*" " "*Name of person giving  
Information*Jesse Myers*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Ophthalmia - 105*

How long

*6 or 8 week*

Immediate

*Cholera Infantum*

How long

*3 days*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*Chas R. Fort MD  
Washington*

Accident or Suicide?

PHYSICIAN  
OR CORONER

Ellsworth coming  
Stones

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John William Nace

Died at <sup>Town</sup> Manchester Disch.

<sup>County</sup> Carroll

MARYLAND

Date of death 1906

Month 9

Day 3

Age

Years 72

Months

Days 1

Sex male

Color or Race

white

Birth-place

Penna.

Occupation

Retired Farmer

Where Residing if not at place of death

Home

Married, Single or Widowed

Name of Wife or Husband

Louisa Witz

Father's Name

John Nace

Father's Birthplace

Penna

Mother's Maiden Name

Eliza Kerlinger

Mother's Birthplace

Md.

Name of person giving information

J Sziegler

How related to deceased

nephew

CAUSES OF DEATH

Primary

Tuberculosis

How long

9 mos

Immediate

"

How long

"

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

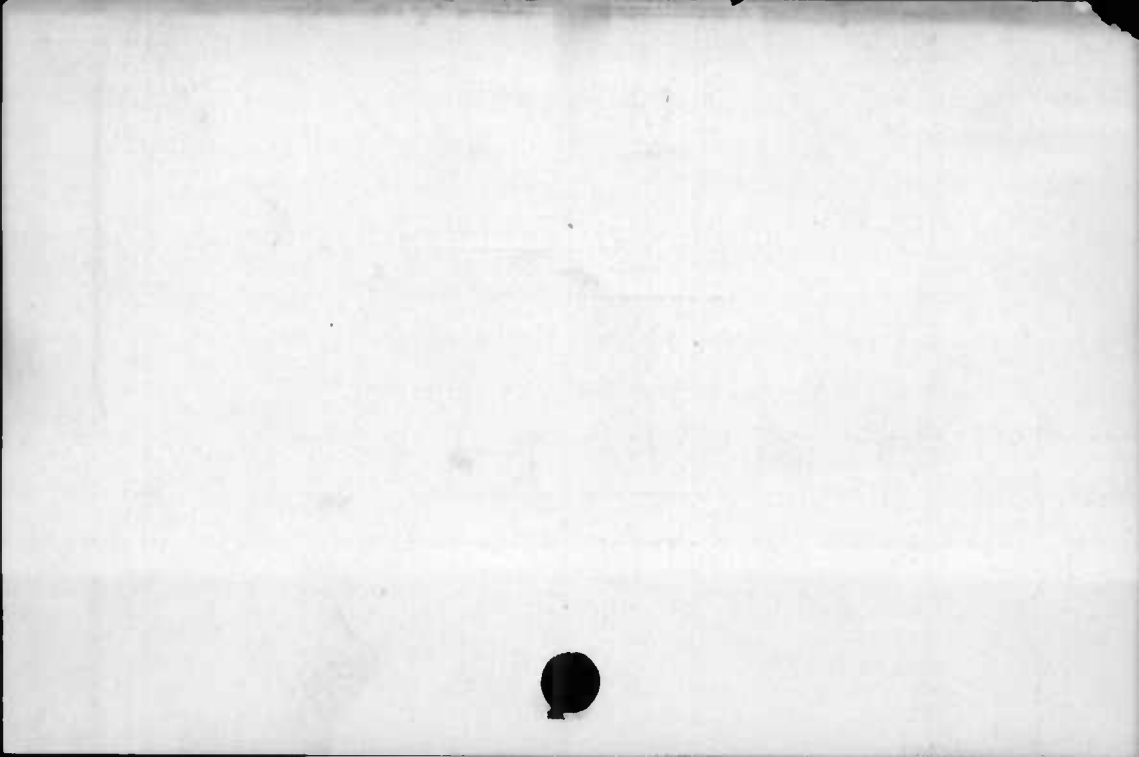
John Sziegler

Melrose

Accident or Suicide?

Md.

PHYSICIAN  
OR CORONER



Name  
in  
Full

Edmund Perine

No. 74

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Parrottton</i>		Town <i>Parrottton</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>Sept.</i>		Day <i>30</i>		Years <i>63</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Months <i>9</i>		Days <i>7</i>	
Occupation		Birth-place <i>Balto Co Md</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband					
Father's Name <i>Blower Knorr</i>		Father's Birthplace					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace					
Name of person giving information <i>George Hughes</i>		How related to deceased <i>Friend</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dropsy</i>		How long <i>19</i>	
Immediate <i>Heart Disease</i>		How long <i>" "</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Thos Rust</i>	
Address <i>Winstonsville</i>		Thos	
Accident or Suicide?			

Germanen  
Karl Brunn

Name  
in  
Full

Walter Perkins

## CERTIFICATE OF DEATH

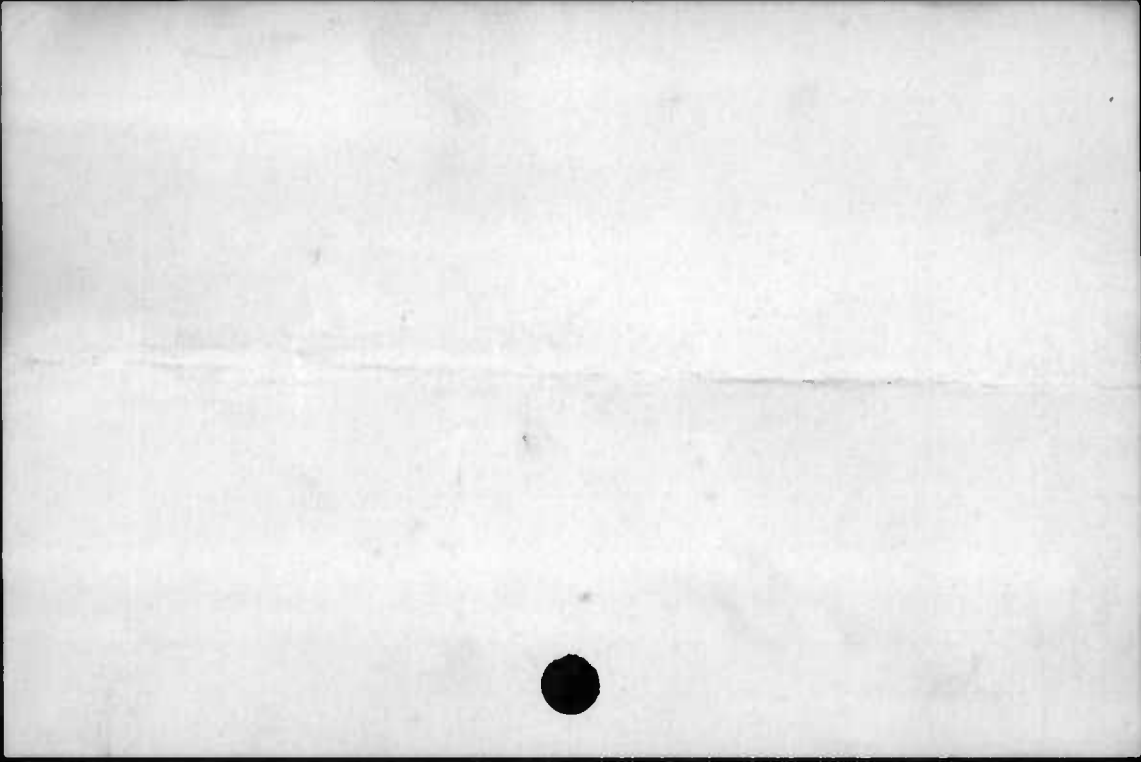
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Springfield Hospital</i>		Town <i>Carroll</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1906	Month	Sept	Day	17	Age	30
Sex	Male		Color or Race	White		Birthplace	Baltimore
Occupation	Carpenter			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Gertrude			
Father's Name	John Wesley Perkins					Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	Hospital records					How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid fever</i>		How long	<i>10 days</i>
Immediate	<i>Intestinal perforation</i>		How long	<i>1 1/2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
To best of my knowledge		<i>Chas. J. Carey</i>		
		Address		
		<i>Synewille Md.</i>		
Accident or Suicide?				





Name  
in  
Full17065  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Springfield Hospital - Carroll</i>		Town <i>Carroll</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>9th</i>	Day <i>14th</i>	Years <i>82</i>	Months <i></i> Days <i></i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland.</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Michael Petry</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>?</i>	Mother's Birthplace				
Name of person giving information <i>Hospital Records.</i>	How related to deceased				

## CAUSES OF DEATH

Primary <i>Senile dementia</i>	How long <i>?</i>
Immediate <i>Acute Bronchitis et Acute nephritis</i>	How long <i>6 weeks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>To best</i>	Signature of Physician <i>W. Henry Fisher</i>
<i>of my knowledge.</i>	Address <i>Sykesville</i>
Accident or Suicide? <i>none</i>	<i>Ind.</i>

PHYSICIAN  
OR CORONER

At Meadow Branch  
Stones

Name  
in  
Full

Mabel E Reinhardt

No 61  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Westminster</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u> <small>Month</small> <u>Sept</u> <small>Day</small> <u>7</u>		Age <u>21</u> <small>Years</small>		<u>1</u> <small>Months</small> <u>22</u> <small>Days</small>	
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>			
Occupation _____		Where Residing if not at place of death _____			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband _____			
Father's Name <u>John S. Reinhardt</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Ada May Greer</u>		Mother's Birthplace <u>"</u>			
Name of person giving information <u>John S. Reinhardt</u>		How related to deceased <u>Father</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>6 months</u>
Immediate <u>Heart Failure</u>	How long _____
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Jos. J. Downing</u>
	Address <u>Westminster, Md</u>
Accident or Suicide? _____	

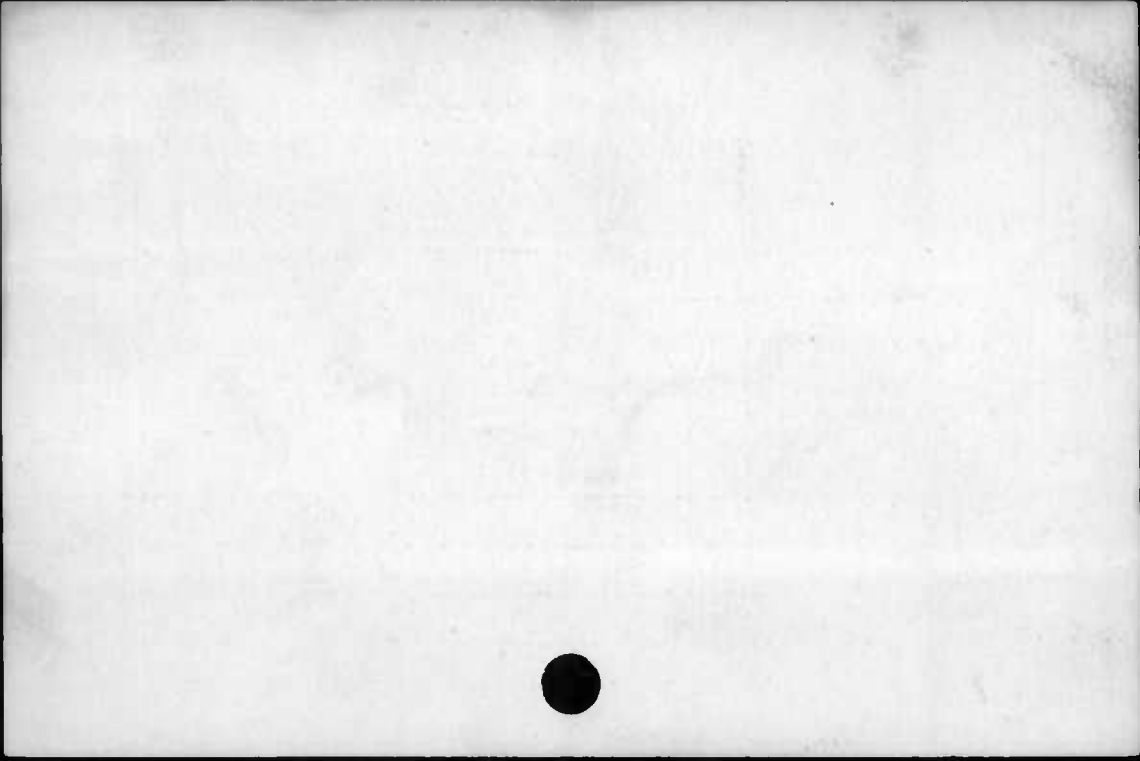


Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDNo. 62  
CERTIFICATE OF DEATH

Died at <i>Westminster</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	Sept	Day	11
		Years	47	Months	3
		Days	18		
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Retired</i>		Birthplace	<i>Carroll Co Md</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Married</i>		Name of <del>Wife</del> or Husband	<i>Louisa Palmer</i>	
Father's Name	<i>Lewis Shaeffer</i>		Father's Birthplace	<i>Carroll Co Md</i>	
Mother's Maiden Name	<i>Elizabeth Gummel</i>		Mother's Birthplace	<i>" " "</i>	
Name of person giving information	<i>Lewis Shaeffer</i>		How related to deceased	<i>Nephew</i>	

## CAUSES OF DEATH

Primary	<i>Aortic Stenosis</i>	How long	<i>79</i>	<i>several yrs</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		
Signature of Physician		<i>Chas. R. Fouts</i>		
Address		<i>Westminster Md</i>		
Accident or Suicide?		<i>no</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

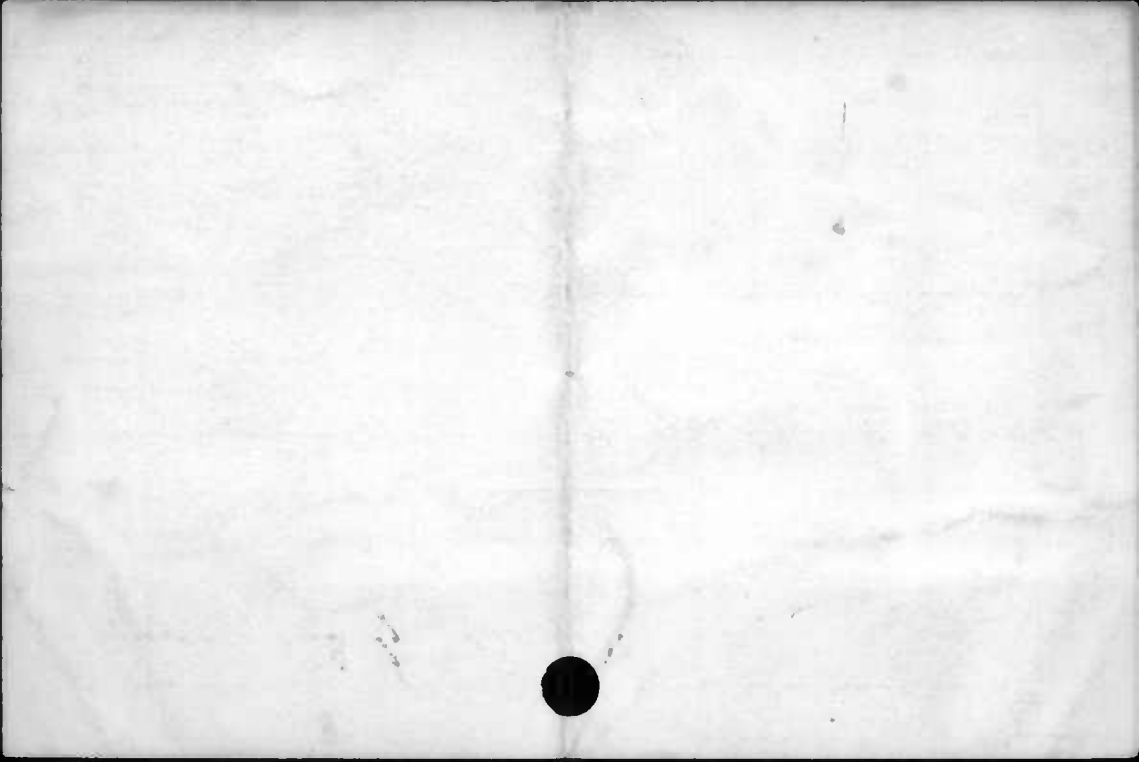
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt. Airy</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1906	Month <i>Sept.</i>	Day <i>9</i>	Age <i>25</i>	Months Days
Sex <i>Male</i>	Color or Race <i>White American</i>		Birth- place <i>Frick Co. Md.</i>		
Occupation <i>Prakman on BORR</i>		Where Residing if not at place of death <i>Baltimore</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Bradley G. Shipley</i>		Father's Birthplace <i>Howard Co. Md.</i>			
Mother's Maiden Name <i>Mary V. Ford</i>		Mother's Birthplace <i>Montgomery Co. Md.</i>			
Name of person giving In formation <i>Mary V. Shipley</i>		How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

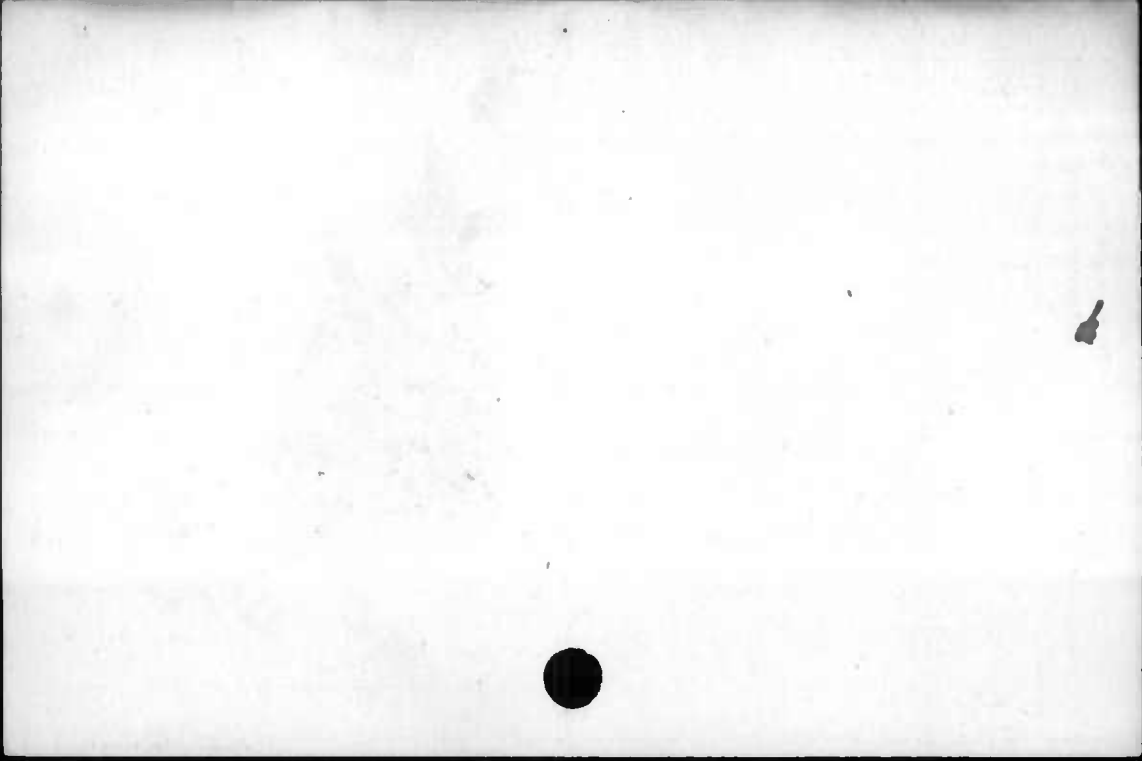
PHYSICIAN  
OR CORONER

Primary <i>Dysphoid fever</i>	How long <i>6 weeks</i>
Immediate <i>weak heart</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. E. Brownell</i>
	Address <i>Mt. Airy Md.</i>
Accident or Suicide?	





Name in Full		Harry Smith				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Maretou		Cannel		MARYLAND		
		Date of death		1906	Month	Sept.	Day	24
				Age	63	Years		
				Months		Days		
		Sex		male		Color or Race		W
		Occupation		Farmer		Birthplace		Md
		Where Residing if not at place of death						
Married, Single or Widowed		M.		Name of Wife or Husband		Sallie Smith		
Father's Name		Richard Smith				Father's Birthplace		Md
Mother's Maiden Name		Mary A. Baile				Mother's Birthplace		Md
Name of person giving information		Dr. F. J. Brooks				How related to deceased		no
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary				How long		1 week
		Chronic Bright				How long		
		Immediate						
		Are the name, age, sex, color, date and place correctly given above?				Yes		
		Signature of Physician				A. J. Brooks		
				Address		Maretou Md		
Accident or Suicide?								



Name  
in  
Full

Eva M. Stauffer

## CERTIFICATE OF DEATH

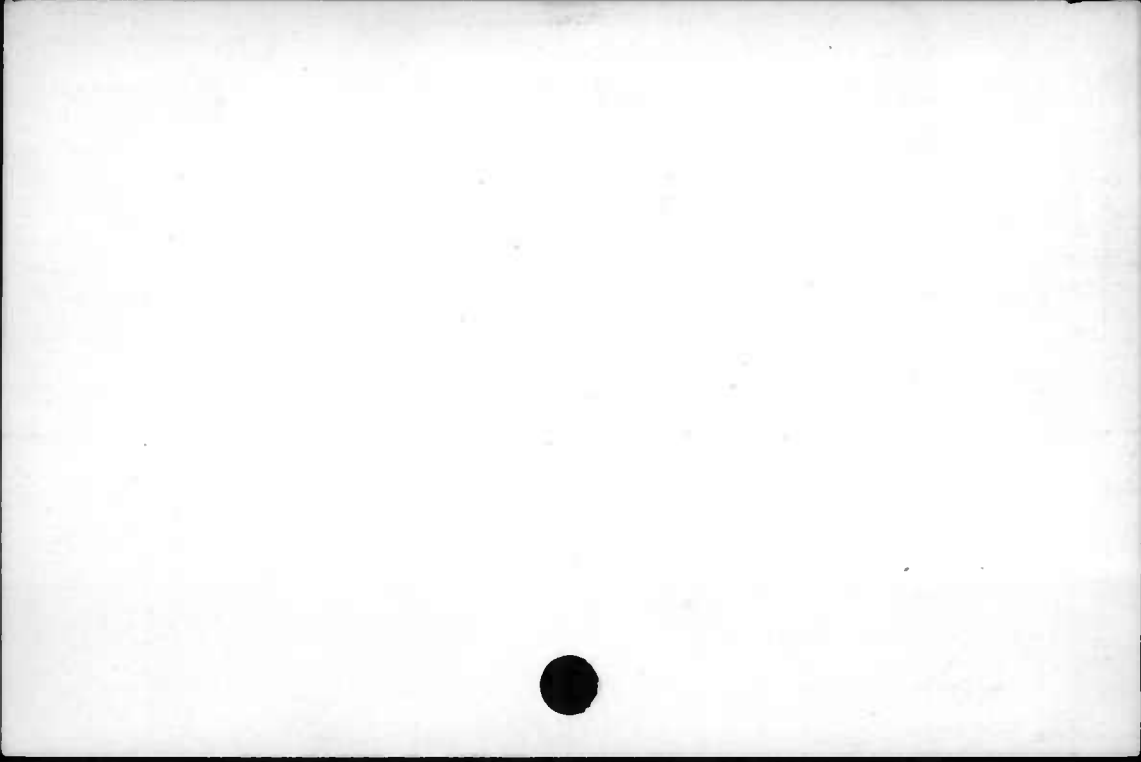
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Paneytown</i>		County <i>Garrett</i>		MARYLAND	
Date of death	1906	Month <i>Sept</i>	Day <i>22</i>	Age <i>1</i>	Years <i>1</i>	Months <i>3</i>	Days <i>14</i>
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth- place	<i>Paneytown</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cerebro Spinal Meningitis</i>	How long	<i>7 weeks</i>
Immediate	<i>Coma</i>	How long	<i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>Chandos M. Benner M.D.</i>	
		Address	
		<i>Paneytown</i>	
		<i>Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Annie M. Stuller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Basehows Mill <sup>County</sup> Carroll **MARYLAND**

Date of death 1906 <sup>Month</sup> 9 <sup>Day</sup> 10 Age <sup>Years</sup> 6 <sup>Months</sup> 8 <sup>Days</sup>

Sex Female Color or Race White Birth-place Ind

Occupation - Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Summerfield Stuller

Father's Birthplace

Ind

Mother's Maiden Name

Maggie Hockey

Mother's Birthplace

Pa

Name of person giving information

Summerfield Stuller

How related to deceased

Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cholera Infantum

How long

10 days

Immediate

Infection &amp; Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

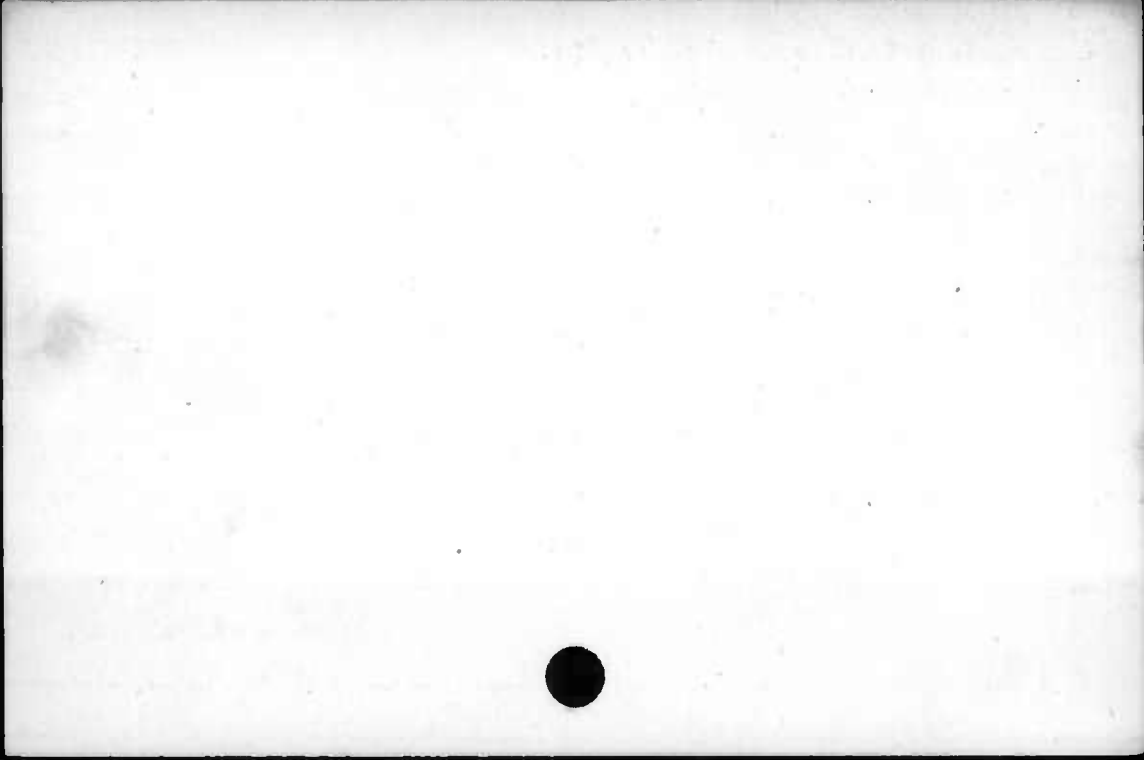
Charles S. Boop

Address

Terry Avenue

Ind.

Accident or Suicide?



Name  
in  
Full

Blanch. E. Samney

No 69

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Westminster</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u> <small>Month</small> <u>Sept</u> <small>Day</small> <u>22</u> <small>Years</small> <u>15</u> <small>Months</small> <u>3</u> <small>Days</small> <u>22</u>					
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>			
Occupation _____		Where Residing if not at place of death _____			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband _____				
Father's Name <u>Andrew J. Samney</u>	Fether's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Mary C. Little</u>	Mother's Birthplace <u>do</u>				
Name of person giving information <u>Andrew J. Samney</u>	How related to deceased <u>Father</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Typhoid Fever</u>	How long <u>23 days.</u>
Immediate <u>Peritonitis.</u>	How long <u>5 days.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>Harry Bessler Baer, M.D.</u>
	Address <u>Tannery, Md.</u>
Accident or Suicide? <u>Accident.</u>	

Lusters



Name  
in  
Full

## CERTIFICATE OF DEATH

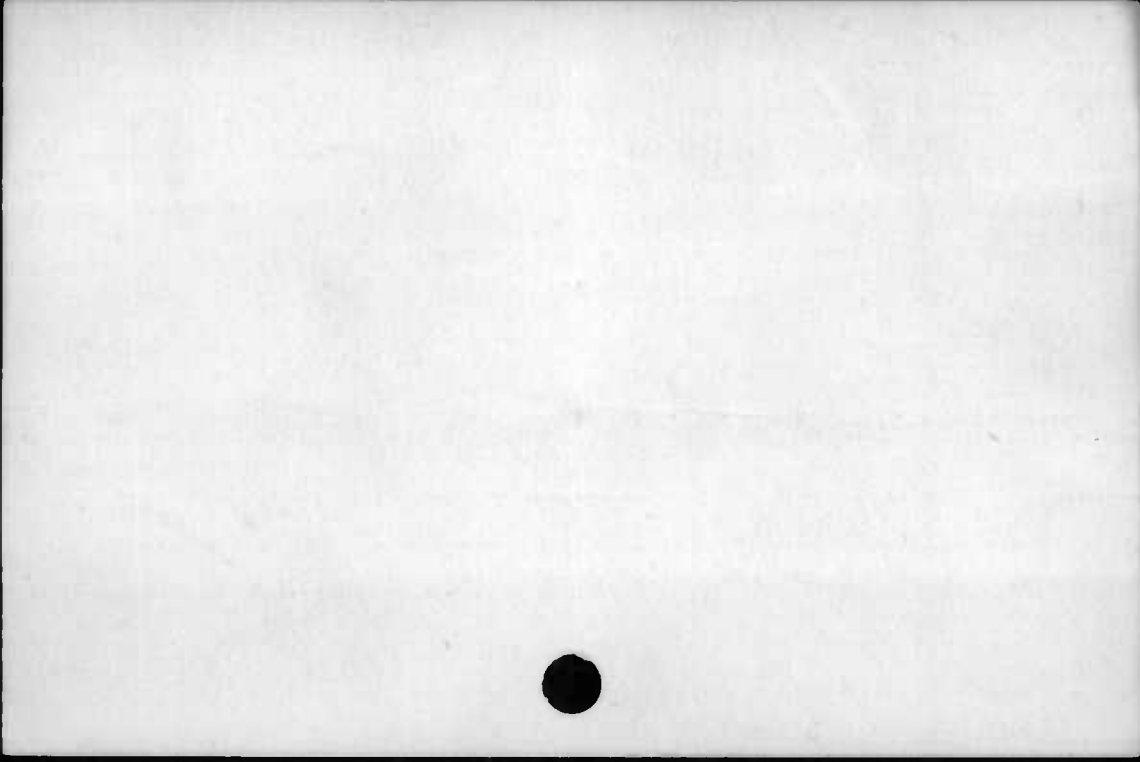
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>J. S. Tutthill</i>		Town <i>Springfield Hospital</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>Springfield Hospital</i>		Date of death <i>1906 Sept 23</i>		Age <i>58</i>		Months <i>5</i>	
Sex <i>M</i>		Color or Race <i>White</i>		Birthplace <i>Lumberland</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Minor Tutthill</i>		Father's Birthplace <i>S</i>					
Mother's Maiden Name <i>Sarah Jane Wright</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Hospital records</i>		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralytic Insanity</i>		How long <i>5</i>	
Immediate <i>Chr. Nephritis</i>		How long <i>1</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Is best of my knowledge</i>		Signature of Physician <i>Char. J. Early</i>	
Accident or Suicide? <i>No</i>		Address <i>Lytleville Md.</i>	



Name  
in  
Full

Moses Veasey

## CERTIFICATE OF DEATH

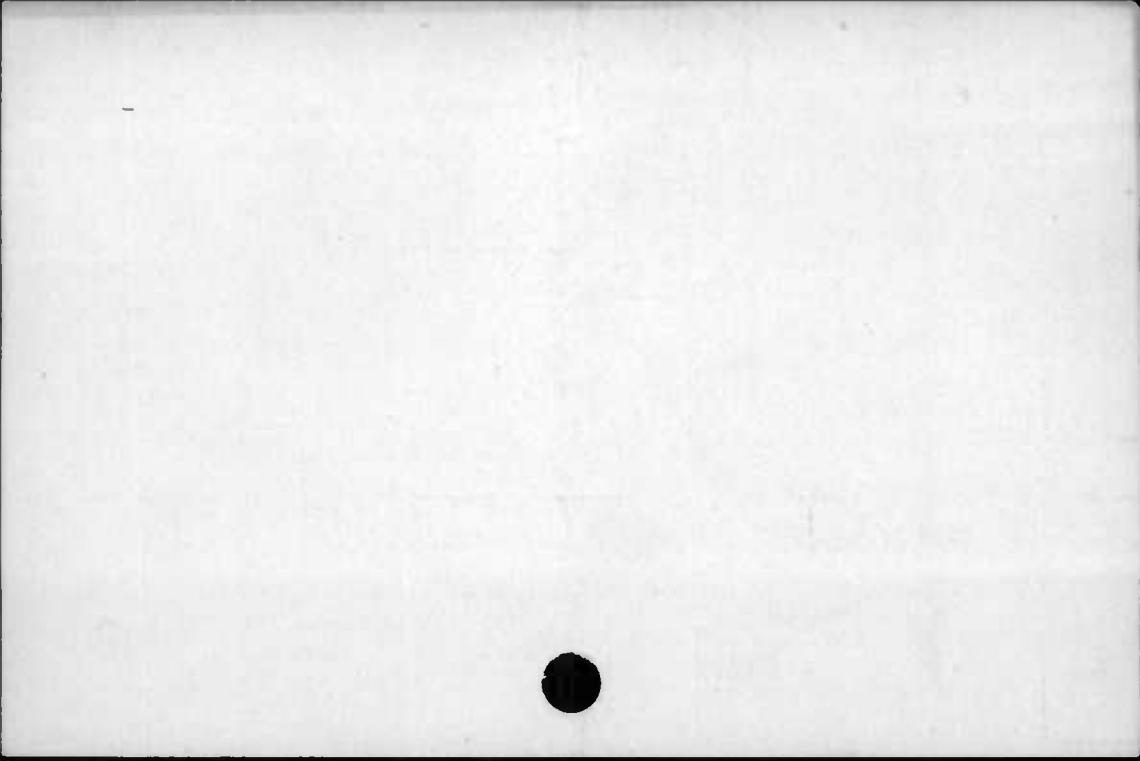
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Springfield Hospital</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death	1906	Month	Sept	Day	7 <sup>th</sup>	Age	56
Sex	Male		Color or Race	White		Birth-place	Unknown
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Unknown			Name of Wife or Husband			
Father's Name	Unknown			Father's Birthplace			
Mother's Maiden Name	"			Mother's Birthplace			
Name of person giving information	Hospital records			How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Epileptic dementia</i>		How long	<i>Unknown</i>
Immediate	<i>Cerebral congestion</i>		How long	<i>about 2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
		<i>Chas. J. Carey</i>		
		<i>Sykesville Md.</i>		
Accident or Suicide?				



Name  
in  
Full

Frank A. Wagner.

## CERTIFICATE OF DEATH

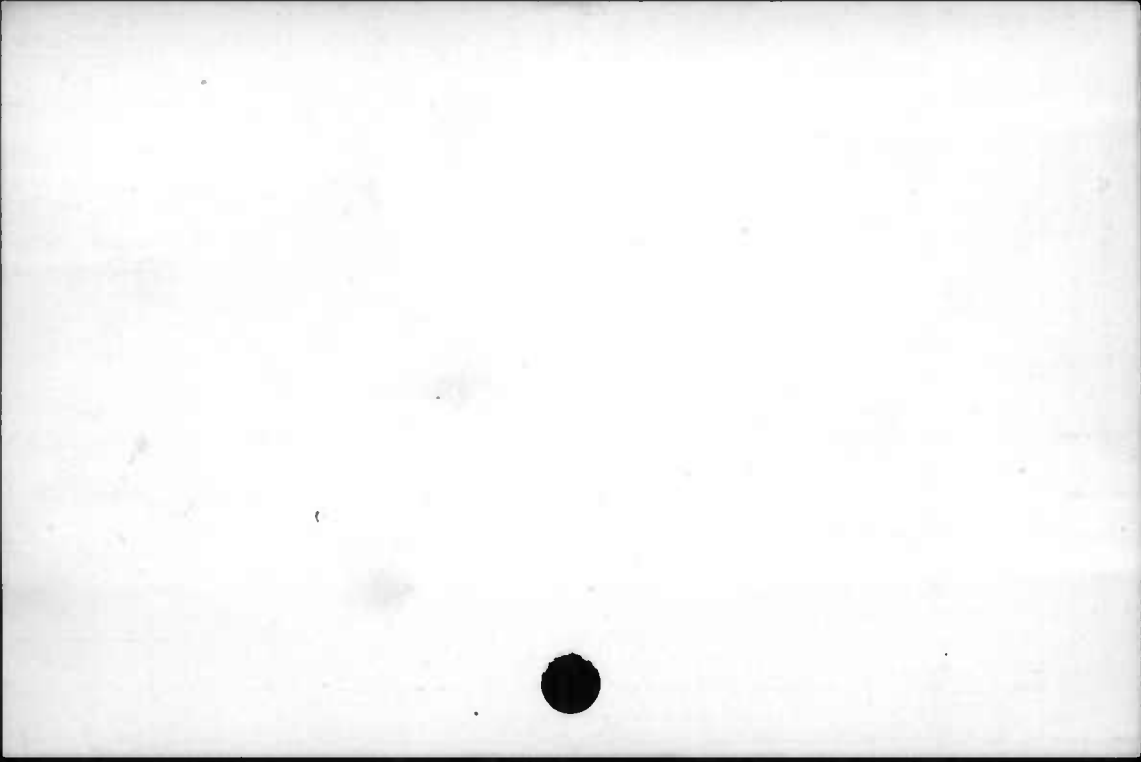
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Winfield</i>		Town <i>Canoll</i>		County		MARYLAND		
Date of death <i>1906</i>	Month <i>9</i>	Day <i>10</i>	Age <i>1</i>	Years <i>1</i>	Months <i>—</i>	Days <i>20</i>		
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Canoll Co.</i>					
Occupation <i>—</i>			Where Residing if not at place of death <i>near Winfield Md.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>						
Father's Name <i>Charles Bremer</i>		Father's Birthplace <i>Canoll Co., Md.</i>						
Mother's Maiden Name <i>Rdy Viola Wagner</i>		Mother's Birthplace <i>Canoll Co., Md.</i>						
Name of person giving information <i>Ray Viola Wagner</i>		How related to deceased <i>Mother.</i>						

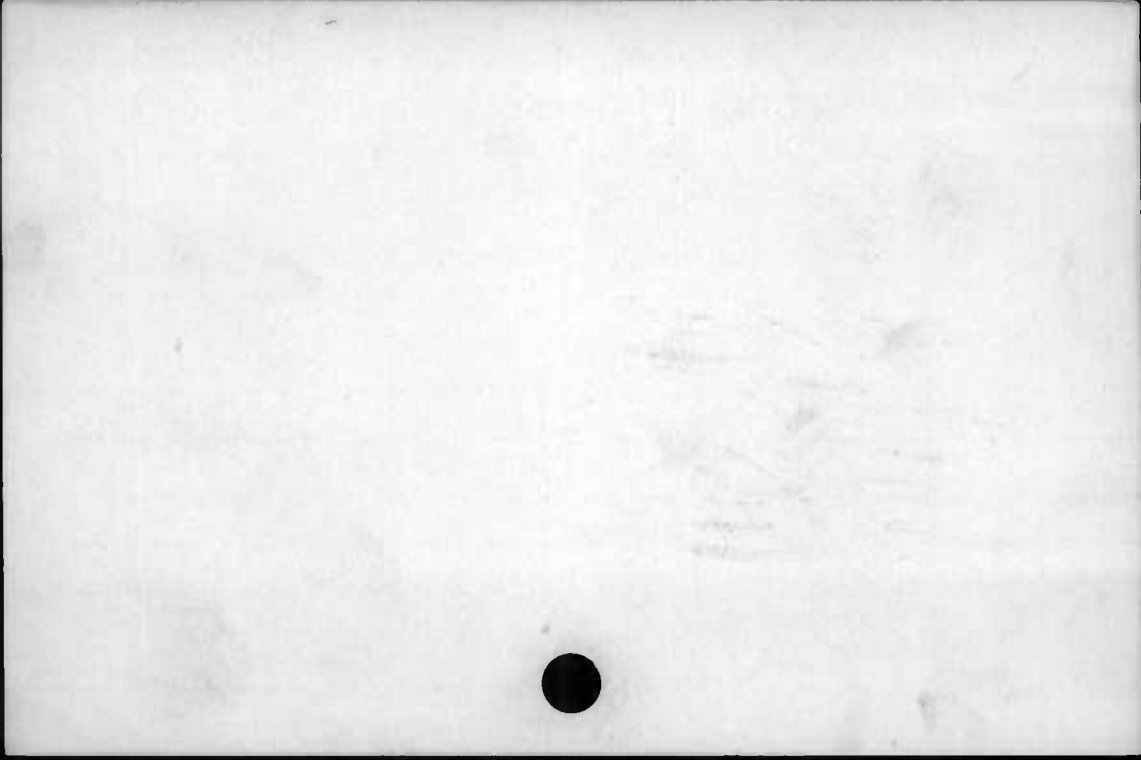
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Indigestion</i>	How long <i>2 weeks</i>	<i>104</i>
Immediate <i>"</i>	How long <i>"</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E D Crunk</i>	
	Address <i>Winfield</i>	
Accident or Suicide? <i>g</i>		



Name in Full <b>Frederick Walmaefer</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Springfield Hospital</b> Town <b>Carroll</b> County		MARYLAND
	Date of death <b>1906</b> Month <b>Sept</b> Day <b>18</b> Age <b>38</b> Years	Months	Days
	Sex <b>Male</b> Color or Race <b>White</b>	Birth-place <b>Germany</b>	
	Occupation <b>Gardener</b>	Where Residing if not at place of death	
	Married, Single or Widowed <b>Single</b>	Name of Wife or Husband	
	Father's Name <b>Unknown</b>	Father's Birthplace <b>Unknown</b>	
	Mother's Maiden Name <b>"</b>	Mother's Birthplace <b>"</b>	
	Name of person giving Information <b>Hospital records</b>	How related to deceased	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Lobar - Pneumonia</b>	<b>93</b>	How long <b>10 days</b>
	Immediate <b>Exhaustion</b>		How long
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>J. Clement Clark</b>	
	Accident or Suicide?	Address <b>Sylvestre Md</b>	





Name  
in  
Full

Louisa Waters

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pykesville</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>Sept.</i> <small>Month</small>	<i>22<sup>nd</sup></i> <small>Day</small>	<i>85</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>George Waters</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>?</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Emma Vansant</i>	How related to deceased <i>Niece</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senile Dementia</i>	How long <i>over one year</i>
Immediate <i>Exhaustion</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>John Norfolk Morris M.D.</i>
Address <i>Springfield Hospital</i>	
Accident or Suicide? <i>-</i>	<i>Pykesville, Carroll Co. Md.</i>



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Union Mills</i>		County <i>Lebanon</i>		MARYLAND		
	Date of death	190 <i>6</i>	Month <i>Sept</i>	Day <i>8</i>	Age <i>76</i>	Months <i>7</i>	Days <i>9</i>
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pennsylvania</i>			
	Occupation <i>Miller</i>		Where Residing if not at place of death				
	Married, Single or Widowed <input checked="" type="checkbox"/> Married		Name of Wife or Husband <i>Sarah Bechtel</i>				
	Father's Name <i>Abraham Wolf</i>		Father's Birthplace				
	Mother's Maiden Name <i>Eliza Hildebrand</i>		Mother's Birthplace				
	Name of person giving information <i>Sarah Wolf</i>		How related to deceased <i>Wife</i>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Gastric Disturbance</i>		How long <i>104</i>		<i>One Year</i>		
	Immediate <i>Heart Failure</i>		How long				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John J. Stewart</i>				
			Address <i>Union Mills Md</i>				
Accident or Suicide?							

